KANSAS MINIMUM DATASET - DRAFT PROPOSAL

#	Category	Data Element	Notes	Core Data?
1	Practitioner's Name	First Name		X
2		Last Name		X
3		Middle Initial		X
4		Credential/ Professional Designation		X
5	Unique ID	NPI Number		X
6		SSN		X
7	Licensing Information	Federal Provider ID	E.g. UPIN, Medicare or Medicaid number	X
8		License Number		X
9		License Status	Whether active in Kansas would be desirable	X
10		Original License Date		X
11		License Expiration Date		X
12		Last Renewal Date	Not currently received from EMS and Health Occupations Credentialling Board	X
13		License Method	Nursing & Optometry	X
14		License Type	Including Dental Hygienist ECP1 and 2	X
15	Contact information	Practitioner's address and phone		X
16	Specialty	Primary and Secondary Board Certification(s)		X
17		Provider Type		X
18	Practice Site(s) and work activities at site	Name, address, zip code, phone, fax, email		X
19		Provider affiliations for each practice	Practice Network, Hospital-owned, Practice Association; Indicate Practice/Organization name(s)	X
20		Work setting	Hospital, community health center, private practice, nursing home, government facility, etc.	
21		Hours worked at practice site per week	Hours broken down by direct inpatient care, direct outpatient care, administration, research, teaching, other non-patient care	X
22		Specialty(s) practiced at site	Including mental health	X
23		Patients seen at practice site per week	Broken down by children, adolescent, adult, geriatric (age groups), special needs	
24		Accept Medicaid (If not, why?)		
25		Accept Medicare (If not, why? If yes, % revenue)		
26		Accept new patients		
27		Percentage Medicaid and sliding scale patients at site	Desirable to have breakdowns by HealthWave, HealthConnect, Fee-for-Service	
28		Work days until next available appointment for new patient at practice site		
29		# Dental hygenists ECP1/2, # dental assistants, Scaling assistants at practice site	Dentist only	X
30	Demographics	Date and Place of Birth		X
31		Gender	Not collected by BOHA or Optometry	X
32		Language fluency	Including sign language	
33		Race/Ethnicity		
34		US Resident or Citizen		X
35	Education	Degree	Related to practice	X
36		Degree Date		X
37		School Name & Location		X
38		Highest Education Level		X
39		Graduate of International School?		X
40	Residency	Practitioner in Residency Program?		X
41		Residency institution and address		X
42	Retirement/ Employment	Retiring in next 2 years		
43		Actively recruiting practitioners and if so how long		
44		Practice for sale		
45		Currently attempting to hire professional staff		

#	Category	Data Element	Notes	Core Data?
46	Debt	Educational debt or debt to income ratio		
47	Provider Retention Factors	Job/Profession Satisfaction; Reasons for (dis)satisfaction		
48	Telemedicine	# hours and sites to which provider offers telemedicine services; Target Population		X
49	Locum Tenens	# hours and locations worked as locum tenens	Incorporate into other fields above?	
50	Use of HIE/HIT	Types of Computerized Health Information Systems in Primary Position	Billing, Medical record, Immunization record; Technology vendor	
51	Charity Care	Avg # hours spent providing charity care		
52		$ amount of charity care provided		
53		Location of charity care	Own practice, While on call in a hospital ED, Another practice or clinic (e.g. as volunteers at a free care clinic), unspecified	
54	Rural Practices	Reasons for practicing rural medicine		
55	Referrals	Obstacles securing specialist visits for patient		
56	Provider insurance	Availability of health insurance coverage for provider		
57		Cost of malpractice insurance		
58	Immunization	Provider's innoculation information		
59		Offers primary care services to children?		
60		Offers immunization services to children 0-5 yrs of age?		
61		Immunization services to children regardless of insurance coverage?		
62		Does your clinic participate in Vaccines for Children Program (VFC)?		
	Shaded "Core Data" items are those that are not currently received from all Boards			